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18

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### Contents of this Transmission:

Inventor: Calvin B. GRIGSBY

Application No.: 09/896,831

Filing Date: June 28, 2001

Group Art Unit: 3628

Examiner: C. B. Graham

Title:

METHOD AND APPARATUS FOR OFFERING, PRICING, AND SELLING

SECURITIES OVER A NETWORK

## Documents:

Transmittal (1 page)

Fee Transmittal w/duplicate copy for fee processing (2 pages)

Petition for Extension of Time 2-months (1 page)

Amendment in Response to Non-Final Office Action (13 pages)

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NO. 120 P.

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PTD/8B/21 (09-04) Approved for use through 07/31/2005. ONB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/896,831 Filing Date TRANSMITTAL June 28, 2001 First Named Inventor FORM Calvin B. GRIGSBY Art Unit 3628 (to be used for all correspondence after Initial filing) Examiner Name C. B. Graham Attorney Docket Number Total Number of Pages In This Submission 17 476172000100 ENCLOSURES (Check all that apply) Fee Transmittal Form w/duplicate After Allowance Communication Drawing(s) copy for fee processing (2 pages) to TC Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Appeal Communication to TC Amendment/Reply (13 pages) Petition (Appeal Nocce, Brief, Reply Brief) Petition to Convert to a After Final Proprietary Information Provisional Application Power of Attorney, Revocation Affidavits/declaration(a) Status Letter Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request (1 page) Terminal Disclaimer X identify below): Facsimile Return Receipt Cover Express Abandonment Request Request for Refund CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Landscape Table on CD Document(s) Reply to Missing Parts/ Rémarks Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name MORRISON & FOERSTER LLP (Customer No. 20872) Siansture Printed name Katherine D. Lee Date Reg. No. 44.865 October 3, 2006 I hereby certify that this correspondence is being facstrate transmitted to the Patent and Trademark Office, facstmile no. (571) 273-8300, on the date shown below.

Dated: October 3, 2006

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PTO/S.B/17 (01-06)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete # Known Pees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/896,831 Application Number FEE TRANSMITTAL Filing Date June 28, 2001 For FY 2006 Calvin B. GRIGSBY First Named Inventor C. B. Graham Examiner Name Applicant cleims small entity status. See 37 CFR 1.27 3628 Art Unit TOTAL AMOUNT OF PAYMENT 225.00 476172000100 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 03-1952 Deposit Account Name Morrison & Foerster LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of iee(s) under 97 CFR 1.16 and 1.17 Credit any overpayments FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge. 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES** SEARCH FEES Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) <u>Fea (\$)</u> Fee (\$) 200 300 150 100 Utility 500 250 0 100 130 0 Design 200 100 50 65 Plant 200 100 300 150 160 80 0 Reissue 300 150 500 250 600 300 0 **Provisional** 200 100 0 0 ٥ 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Multiple Dependent Claims Fee Paid (\$) **Iotal Claims** Extra Claims Fee (\$) 0 x \_\_25 ٥ Fee Paid (\$) Fgp (\$) -37 =\_\_\_ HP = highest number of total cisims paid for, if greater than 20, 180 Extra Claims Fee (\$)

0 × 100 Fee Paid (\$) Indep. Claims . - 16= HP = highest number of independent claims paid for, if greater than 3, 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof ٥ (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00 SUBMITTED BY Signature 44.865 Yelephone (415) 268-6983 Katherine D. Lee October 3, 2006 Name (Print/Type)